

**STATE OF NEW JERSEY
DEPARTMENT OF BANKING AND INSURANCE
LIFE AND HEALTH DIVISION
MANAGED CARE BUREAU**

**DENTAL PLAN ORGANIZATIONS (DPO)
APPLICATION FOR
CERTIFICATE OF AUTHORITY**

Instructions

1. The information requested in this application is based upon N.J.S.A. 17-48D and N.J.A.C. 11:10-1. Copies of this statute, regulation and application can be obtained from the Department of Banking and Insurance at (609) 292-5427.
2. Complete the application cover sheet and provide all narratives and documents as described in the ensuing sections. Number each narrative and document according to the item number to which it responds. Number each page within the section in the upper right hand section and corner in consecutive order. Tabs should be inserted indicating each of the sections of the application. Please submit the application in a three-ring hardcover binder and identify the submission on the front of the binder.
3. A check or money order for \$1,000 payable to the Treasurer, State of New Jersey is to accompany the application in accordance with N.J.A.C. 11:1-32.4(a)7.

4. If the Dental Plan Organization is not domiciled in New Jersey, the application must include a power of attorney duly appointing the Commissioner and his successors in office, and duly authorized deputies, as the true and lawful attorney of such applicant in and for this State upon whom the lawful process in any legal action or proceeding against the DPO on a cause of action, arising in this State, may be served.
5. The application must be submitted to:

**State of New Jersey
Department of Banking and Insurance
Life and Health Division
Managed Care Bureau
P. O. Box 325
20 West State Street
Trenton, NJ 08625-0325**

APPLICATION FOR A DENTAL PLAN
ORGANIZATION
CERTIFICATE OF AUTHORITY
COVER SHEET

A check or money order for \$1,000.00,
payable to Treasurer, State
of New Jersey is to accompany
application.

FOR STATE USE ONLY

Check Money Order
Amount _____ Number _____

(SEE ATTACHED)

Received _____
COA Issued _____

IDENTIFICATION

Name of Dental Plan Organization

Affiliated Company(s)

Address

City	County	State	Zip Code
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Telephone Number	Chief Executive Officer
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I certify that all information and statements made in this application are true
complete and current to the best of my knowledge and belief.

Name and Title	Signature	Date
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DPO's Communication Liaison

I. General- Provide a description and history of the DPO. Also include a detailed description of the DPO's experience with management of dental costs.

II. Organizational/Legal- The following documentation must be submitted:

1. A copy of the basic organizational documents of the DPO, such as the articles of incorporation, articles of association, partnership agreement, trust agreement, shareholder agreement, or other applicable documents and all amendments to those documents.
2. A copy of the bylaws, rules and regulations or similar documents regulating the conduct of the internal affairs of the DPO.
3. A list of names, addresses, and official positions of the persons who are to be responsible for the conduct of the affairs of the DPO, including all members of the Board of Directors, Board of Trustees, Executive Committee or other governing board or committee, the principal officers in the case of a corporation and the partners or members in the case of a partnership or association. Also provide a list of persons or corporations and principals thereof, who are owners of the applicant organization. Please include an organizational chart.
4. A completed Biographical Sketch (see form enclosed) for each person listed in item 3.
5. A copy of the fidelity bond covering each person listed in item 3 who receives, collects, reimburses or invests money in connection with the DPO's activities (see N. J.A.C. 11:10-1.11).

III. Dental Services

1. A copy of any contract or agreement made, or to be made, between any dentist and the DPO (see N.J.A.C. 11:10-1.5). If not shown in the contract, specify the amount of time to be worked by the dentist on enrollees of the DPO and the method of compensating plan dentists.
2. A copy of any contract or agreement made, or to be made, between any person listed in section II, item 3, and dentist, consultant, finder, or business manager.
3. A statement describing in detail the DPO, its dental plan or plans, facilities and personnel, and a list of dentists who are to serve its enrollees and their specialties.
4. A certification signed by an officer of the DPO that each dentist employed by the DPO will be insured against professional liability or for malpractice in an amount not less than \$1 million per occurrence/\$3 million aggregate policy as required by N.J.A.C.11: 10-1.11(b).

5. A copy of the form of the evidence of coverage to be issued to the enrollees, which form shall contain all of the information required by section 9* (see also N.J.A.C. 11:10-1.6). Formal submission of the form for filing should be made prior to issuance of the form to enrollees.
6. A copy of the form of any group contract which is to be issued to employers, unions, trustees, or other groups.
7. A map of the geographic area or areas to be served. Include in the map the location of dental facilities available.
8. A description of the procedures and programs to be implemented to achieve an effective dental plan as required in section 5a(2)*.
9. A description of the arrangements to be made for the ongoing quality of dental care assurance program required by section 5a(4)*.
10. A general description of the complaint procedures to be utilized as required under section 12a*.

III. Financial

1. A copy of a financial statement for the most recent year ended which shall be audited and prepared by an independent certified public accountant setting forth the DPO's present or anticipated assets, liabilities, and sources of funds or working capital. The statement shall set forth the terms and conditions of all current liabilities and any outstanding loans made from the funds of the DPO, and shall be attested to by the DPO or an authorized officer thereof. A DPO that is also engaged in a non-dental plan practice shall also submit a financial statement for the most recent year ended which should report all of the activities of the applicant.
2. A financial plan which, for a new DPO, shall include a three year projection of the initial operating results anticipated, or which for an established DPO, shall include a three year projection based on the previous annual report of the DPO. Projections should be on a calendar quarter basis and should include balance sheet as well as income and expenses for new and established DPO's.

IV. Marketing

1. A description of the proposed method of marketing the dental plan or plans and the total number of members expected to be enrolled each year over the next three years under the dental plan or plans and the expected sources of enrollment.

2. Copies of current literature and advertising given to enrollees, employers, unions, or others.

V. Fee Structure

1. A schedule(s) of charges currently in effect, or to take effect, including actuarial justifications and the information listed under N.J.A.C. 11:10-1.12.

VI. Discontinuance or Insolvency Plan

1. A copy or description of any arrangement with an insurer, or medical or dental service corporation, or any other organization, for continuing coverage of dental services or, providing for automatic applicability of an alternative coverage, in the event of discontinuance of the plan or insolvency of the DPO (see section 5a(6) (b)*).

VII. Other

1. In addition to the above information the Commissioner may require any other relevant information which is reasonably necessary to determine whether to approve or disapprove the application.

*Dental Plan Organization Act approved February 27, 1980 and all supplements and amendments thereto (N.J.S.A. 17-48D).